Form: OLWR-SWR-1A (4/13)

County:	Stone
Permit #	: 0-790
Driller:	Heath Williams
	lling completed:

Well Owner Information (Landowner if borehole is not for a water well)

Owner Name: Dwayne Lamb

STATE WELL REPORT Part 1

Driller's Log

Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Jackson, MS 39225-2309 (601)961-5210

(601)360-0535 (fax)

For C	ffice Use Only:
Well #:	K 70
Aquifer:	
E-Log #:	

Well or Borehole Location

Latitude: 30, 70 6 703 Longitude: - 89, 2152 84

Method of Lat/Long (check one): Conventional Survey_

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Mailing Address: 588 West McHenry Rd Method of Lat/Long (check one): Conventional Survey
receptione (i.e. ()
Well / Borehole Data Date drilling started: 1/20/20 Date drilling completed: 1/21/20 Hole depth: 160 Hole diameter: 6.5" Location of the source of any surface water used for drilling: None - Manicapal Water Used
Method of dosing and volume of Chlorine used in drilling and development:
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other:
Name of organization running log(s):
Purpose of borehole (circle one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump
Seismic Survey Other (describe) If drilling is not related to water well construction, skin the remainder of this block.
If drilling is not related to water well construction, skip the remainder of this block
Purpose of Well (circle all applicable): Home Industrial Public Supply Irrigation Fish Culture
Other (describe):
If a flowing well, method of flow regulation: Valve Other (describe) Static Water Level: 62feet [above or below] land surface Date measured: 1/21/20 (circle one)
Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):
Well depth: 155 Well grouted to a depth of: 10 feet Type of grout (circle one): Neat Cement Bentonite Mix
Casing length: 155 feet Casing diameter: 4" inches Type of casing: PVC
Screen length: 20 feet Screen diameter: 411 inches Type of screen: PVC
Screen slot size: 0,008 inches Setting depth: From 135 feet to 155 feet
Type of completion (circle all applicable): Gravel packed Underreamed Open hole Natural Development
Other (describe):
Top of lap pipe or reduction in casing:feet If telescoped or more than one screen, describe on next page

County: <u>Stone</u> Permit #: <u>0-790</u>	V		Office Use		
The sketch below only required for water wells	Description of formations encou and boreholes, unless specifical				
If well telescopes, show depths on sketch. Ground Level	Description of Formations Encount	tered Fr	rom (<i>depth</i>)	To (depth)	
- F	Red 2L+Br Clsq W		O O	20	
	Red 2L+Br Clsa W	0	20	40	
	Gr C1		115	160	
	G1/)4		()	7.0	
If more than one screen, show location of each on sketch Sketch the property layout and include the following: 1) the well location 2) any permanent structures on the property that may aid 3) any roads, power lines, or other items that may aid in 4) north arrow	d in locating the well locating the property and the well				
see Attached					
				-CEIVE	ED
			F	SECT 2	120
				JAN 21	ND
				JAN 27 2	WE
Landowner Name: Dwayne Lamb					
I HEREBY CERTIFY that the well/borehole was drilled, or requirements of the Mississippi Department of Environr if applicable, and state laws.	constructed, and completed in ac mental Quality and the Mississipp	ccordance v i Departme	with all appl ent of Health	icable regulations,	
Heath & Williams Print Name of Responsible Licensee and License No.	1/22/20 A	Signature o	of Licensee		

STATE WELL REPORT

County: Stone Permit #: 0-190 Driller: Heath Williams Date completed: Copy information from block on Part 1

Part 2 nn Installer's Completion Report

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210

For C	Office Use Only:
Well #:	K 10
Aquifer:	

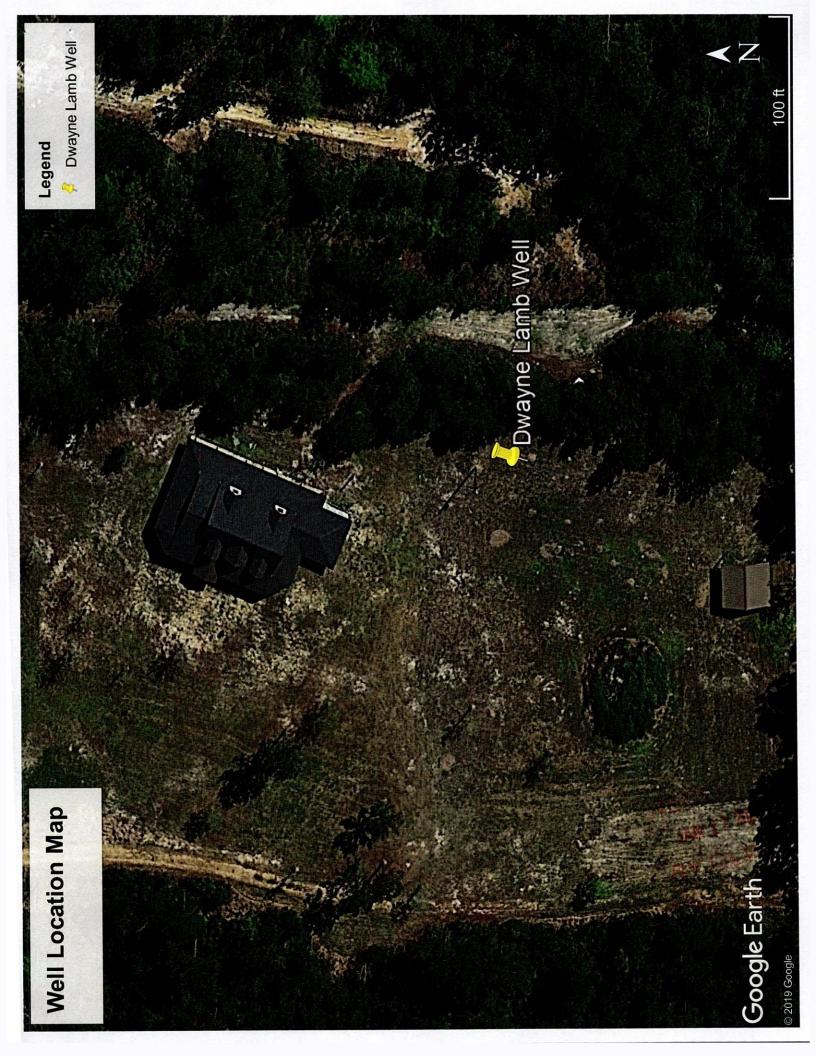
(60	1) 360-0535 (fax)				
This part of the report must be completed by a licensed water	er well contractor or a licensed pump installer. A copy of Part 1				
	Department at the above address within 30 days of well completion.				
Well Owner Information	Well Location				
Owner Name: Dwayne Lamb	Latitude: 30,706703 Longitude: -89, 215284				
Mailing Address: 588 West Me Henry Rd	Method of Lat/Long (check one): Conventional Survey,				
	USGS quad, Hand-held GPS, Survey-grade GPS				
McHenry MS 39561 City State Zip Code	3E 14 SW 14, Sec 8 T 45 R 12W				
	(Distance) Wegt of Me Henry (Direction) (Nearest Town)				
Telephone No. ()	(Distance) (Direction) (Nearest Town)				
Pump Ty	ype (circle one)				
Submersible Turbine Air Lift Centrifugal Flowing Well	Jet Piston Rotary Other (describe):				
	Rated Pump Capacity:Gallons Per Minute				
Is This Pump (circle one): New Repaired Replaceme	ype (circle one)				
Electric Diesel Gasoline Natural Gas Tractor PTO Wi					
Horse Power Rating of Motor: / Ho Setting Dep					
Horse Fower Racing of Motor.	ori. 700 leet Number of Stages.				
Date Well Tested: 1/22/20 Pump Test Date	Duration of Pump Test (minimum 4 hours): hours				
Static Water Level (A): 62 Feet Below Land Surface	e Pumping Water Level (B): 72 Feet Below Land Surface				
Drawdown [(B) - (A)]:/ CFeet Below Land Su	urface Test Pumping Rate: Gallons Per Minute				
Method of measurement (circle one): Steel tape Electric	tape Air line Other (describe):				
Pump Test D	ata for Flowing Well				
Measured shut in head:feet.					
Well yieldedGPM with a drawdown of	feet afterhours of pumping				
Meter	r Installation				
Meter Manufacturer:	Meter Serial Number:				
Meter Model Number/Name: Type of Meter:					
Totalizer Register Unit and Multiplier Factor (AF x .001, ga	-1/()				
Installation Date: Meter installed by:					
Is This Meter (circle one): New Repaired Replacen					
Important: By submitting the above information you are For agricultural wells, a list of a	certifying that this meter was installed to manufacturer standards. pproved meters is on the MDEQ website.				
I HEREBY CERTIFY that the above statements are true to t	the best of my knowledge.				
1/ 1/ (1 - 1/1) 0 70	1d. 1. M/1 /				

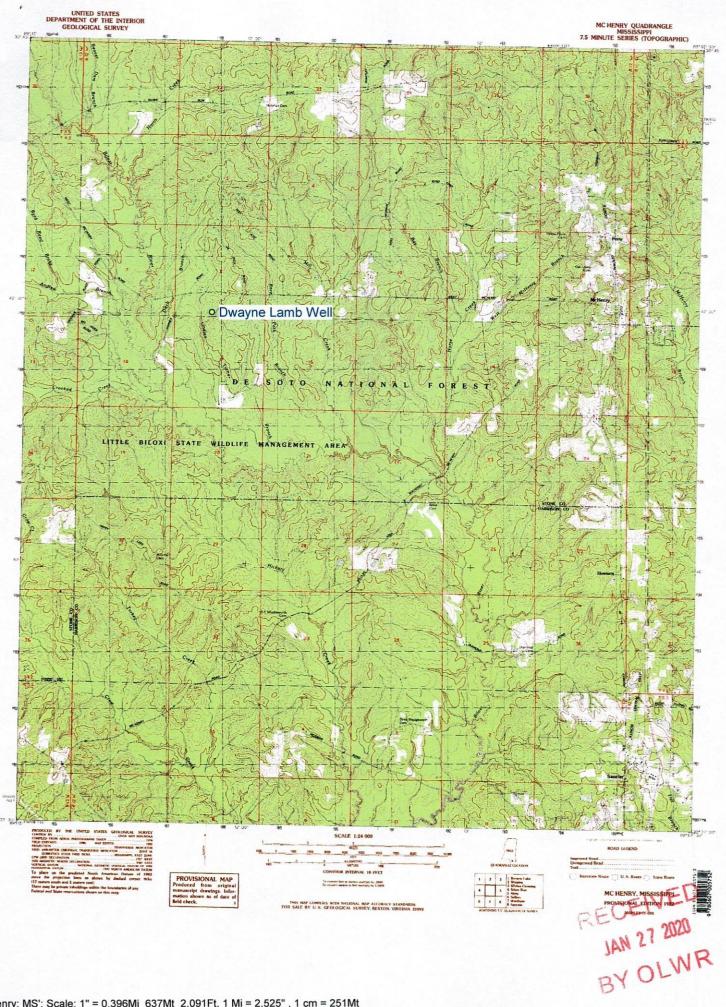
Print Name of Pump Installer and License No. (if applicable)

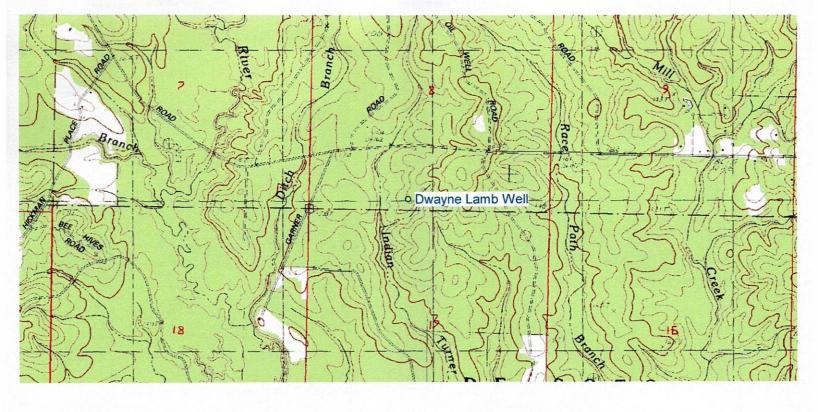
Date

Signature of Pump Installer

Form: OLWR-SWR-1B (4/13)







RECEIVED
JAN 27 2020
BY OLWR